

Opioid Prevention & Support for Homeless Individuals through Case Management

2024 Montana Opioid Abatement Trust Grants - 4th Quarter

Samaritan House

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Application Form

Region Selection

To collaborate with someone else on this request, click the blue "Collaborate" button in the top-right corner.

Project Name*

Opioid Prevention & Support for Homeless Individuals through Case Management

Select Abatement Region and/or Metro Region*

Select the Multi-County Abatement Region **and/or** the Metro Region you are requesting grant funds from. Select all regions that apply, for example if you are collaborating with multiple Counties **and/or** Abatement Regions select each region the program/project will serve. Click [HERE](#) for a detailed map of Multi-County Abatement Regions and Metro Abatement Regions

Flathead County Metro Region

Application Overview

About the Organization/Program*

Give a brief description of the Organization/Program/Project. Include the mission statement and the services provided.

Samaritan House, located in Kalispell, Montana, is a nonprofit organization dedicated to providing shelter, support, and resources for individuals and families experiencing homelessness. Its mission focuses on fostering dignity and independence for vulnerable populations, offering housing options, and access to essential services. Samaritan House serves as a crucial resource in the community, addressing not only immediate housing needs but also the underlying challenges that contribute to homelessness, such as mental health issues, substance use, and economic instability. Samaritan House can implement a targeted project with its case managers to support homeless individuals recovering from opioid use. Case managers would receive specialized training in addiction recovery and trauma-informed care. They would conduct individualized assessments to identify each client's recovery needs, co-occurring disorders, and barriers to treatment, such as lack of transportation or stigma. Partner with local peer recovery coaches to provide mentorship and encouragement from individuals with lived experience. Facilitate regular group sessions where clients can share their experiences and build a supportive community. Collaborate with local healthcare providers and addiction specialists to ensure clients have access to MAT options like methadone or buprenorphine. Case managers would coordinate transportation to treatment appointments and follow-up care. Offer workshops on managing cravings, building healthy routines, and finding stable employment. Provide housing assistance tailored to those in recovery, ensuring a stable environment that reduces triggers.

Establish measurable goals for recovery progress, such as consistent MAT attendance, reduction in opioid use, and successful transitions to independent housing. Case managers would maintain regular check-ins to adapt services to evolving client needs.

What category does the program fit into*

Check the category/categories the program fits into. You may select more than one option.

Click [HERE](#) for a list of approved opioid remediation uses

Prevention

Recovery

Exhibit E List of Opioid Remediation Uses

Schedule A - select all that apply

- A. NALOXENE/OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
- E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
- G. PREVENTION PROGRAMS

Exhibit E List of Opioid Remediation Uses

Schedule B - select all that apply

- B. SUPPORT PEOPLE IN TREATMENT & RECOVERY
- C. CONNECTIONS TO CARE
- D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS
- J. LEADERSHIP, PLANNING, & COORDINATION
- K. TRAINING

How does the program meet the Opioid Remediation Guidelines*

In detail, describe how the program fits into the approved Opioid Remediation Guidelines selected in the above question.

Please be specific

Treatment of OUD

The program ensures access to MAT, such as methadone or buprenorphine, supporting adherence and providing transportation to appointments. Case managers offer individualized support, coordinating care to address co-occurring disorders and maintaining client engagement in treatment.

Support for People in Recovery

The program focuses on stable housing, employment services, and recovery coaching, aligning with guidelines for supportive services. Peer recovery coaches provide mentorship, reducing stigma and fostering resilience in recovery.

Special Populations

The program addresses the unique challenges of homeless individuals, ensuring housing and recovery services are accessible and tailored. This population often faces heightened barriers, making this program critical for equitable care.

Prevention and Harm Reduction

Education on overdose risks and the use of naloxone supports prevention. Workshops on building healthy routines and managing cravings help reduce relapse risks. Harm reduction efforts, including safe-use resources, are incorporated as needed.

Building Recovery-Ready Communities

By enhancing local recovery infrastructure and fostering partnerships with healthcare and peer support organizations, the program strengthens Kalispell's continuum of care. Trauma-informed training for case managers and peer mentors further ensures compassionate, stigma-free support.

This program meets Montana's remediation guidelines by addressing OUD comprehensively through treatment access, recovery support, harm reduction, and prevention, improving outcomes for homeless individuals.

New Program or Existing*

Is the funding intended for a new program or to expand an existing program?

A proposed supplement or expansion to a program.

Fiscal Information**Requested Amount***

\$75,000.00

Program Budget*

How will the funds be allocated? Attach a detailed line item budget breakdown for the program. If the funds are intended for a multi-year program please specify the amount budgeted for each year.

Three Year Budget Allocation for Opioid Prevention Program.docx

Multi-Region funding

If funding is being requested from multiple abatement regions attach a detailed breakdown of amount requested from each region.

Multi-Region approval/denial

Does the application need to be approved by all regions to effectively accomplish its goals?

No

Source of Funding*

Does the program currently receive funding from another source? If yes, please explain in detail. (i.e. amount, funding source, etc.)

Grant funding is intended for the creation or expansion of opioid prevention, treatment, and recovery projects. The money is **NOT** meant to replace or supplant existing funding.

No. This would be a new program to be funded. Samaritan House is currently funded through private donations from donors and grants that provide funding for various programs like food, shelter, resources, and other general operations. This funding would support the cost of training and part of the salary of a new case manager, (this current employee is already hired and is working as a shelter support staff. They have a in depth background in social services and we would like to promote them to a case manager position for this cause) that would specifically be responsible for navigating and facilitating this program with our clients who are in need of it.

Do you have a Fiscal Agent*

No

Multi-Region request funding additional information

Regional Funding

Please explain in detail the effectiveness of the program, for each region, if not every region approves the application.

Program Abstract

Program Description*

Describe the objectives of this project. Provide a detailed overview of the program, including its purpose, priorities & objectives, and intended results.

Harm Reduction: Equip clients with tools like naloxone kits and education to prevent overdoses and mitigate the risks associated with opioid use.

Recovery Support: Enhance access to Medication-Assisted Treatment (MAT) and facilitate transportation to recovery appointments.

Education and Training: Train case managers and peer recovery coaches to provide trauma-informed care tailored to the needs of individuals recovering from opioid use disorder (OUD).

Housing Stability: Address the critical role of stable housing in recovery by offering rental assistance and housing-related support services.

Monitoring and Evaluation: Ensure program effectiveness through ongoing evaluation, feedback, and reporting.

Objectives

Increase Access to Recovery Services:Ensure that 100% of program participants are connected to MAT and related healthcare services within 30 days of enrollment.

Enhance Stability:Provide housing assistance to at least 50 individuals over three years, reducing the impact of homelessness on recovery outcomes.

Reduce Overdose Risk:Distribute naloxone kits to all program participants and train them in overdose prevention techniques.

Support Long-Term Recovery:Offer life skills and employment workshops to improve self-sufficiency and reduce reliance on opioids.

Foster Collaboration:Partner with healthcare providers, peer recovery organizations, and other community stakeholders to create a robust support network for clients.

Intended Results

Improved Health Outcomes:Participants will demonstrate reduced opioid use, fewer relapses, and improved overall health.

Enhanced Stability:Clients will secure and maintain stable housing, reducing the risk of returning to homelessness.

Increased Safety:By equipping clients with harm reduction tools and overdose prevention training, the program aims to decrease opioid-related fatalities in the community.

Empowered Clients:Participants will gain the knowledge, skills, and resources to achieve self-sufficiency and sustain recovery.

Stronger Community:The program will build a recovery-ready community that prioritizes holistic care and supports vulnerable populations in Kalispell.

Program Reach

If you are requesting funds from multiple Abatement Regions please specify how your program serves each region. **Be specific.**

n/a

Specific Goals*

What are the specific goals of the program? List several goals the program hopes to accomplish and how the program intends to meet these goals.

Goal 1: Increase Access to Recovery Services

Objective: Ensure all participants are connected to Medication-Assisted Treatment (MAT) or similar recovery programs within 30 days of enrollment. **Plan:** Provide transportation assistance (e.g., bus passes or gas cards) to ensure clients can attend MAT appointments and coordinate care with local healthcare providers. **Goal 2: Enhance Housing Stability**

Objective: Support at least 50 clients over three years in securing stable housing. **Plan:** Offer rental subsidies and connect participants with housing resources, ensuring a safe environment conducive to recovery. **Goal 3: Reduce Opioid Overdose Risks**

Objective: Distribute naloxone kits and train 100% of program participants in overdose prevention techniques. Plan: Partner with local health agencies to acquire naloxone kits and integrate training into program workshops. Goal 4: Build Skills for Long-Term Recovery

Objective: Provide life skills training, including budgeting, job readiness, and stress management, to all program participants. Plan: Conduct regular workshops led by case managers and peer recovery coaches trained in trauma-informed care.

Goal 5: Strengthen Community Collaboration Objective: Establish partnerships with at least five local organizations to create a recovery-ready network. Plan: Collaborate with healthcare providers, peer support groups, housing agencies, and other stakeholders to offer a comprehensive continuum of care.

Evaluation Method*

Describe how you plan to evaluate the effectiveness of the program and what the method for evaluation will be.

1. Key Performance Indicators (KPIs):

Specific metrics will track progress toward the program's goals. Examples include:

Housing Stability: Percentage of clients who secure and maintain stable housing for six months or more.

Recovery Engagement: Number of participants enrolled in Medication-Assisted Treatment (MAT) within 30 days of program entry.

Naloxone Distribution: Number of naloxone kits distributed and training sessions completed.

Overdose Prevention: Reduction in reported overdoses among program participants.

Employment Rates: Percentage of participants who secure employment after life skills training.

2. Data Collection Methods:

Client Progress Reports: Case managers will maintain detailed records of each client's milestones, including housing status, MAT engagement, and workshop participation.

Surveys and Questionnaires: Pre- and post-program surveys will gauge changes in client knowledge, behavior, and satisfaction.

Community Feedback: Input from partner organizations, healthcare providers, and peer coaches will be collected to assess collaboration effectiveness. Incident Reporting: Tracking incidents like missed MAT appointments, relapses, or overdoses will help evaluate the program's impact.

3. Regular Evaluation Milestones:

Quarterly Reviews: Analyze program data to monitor progress and address emerging challenges.

Annual Reports: Comprehensive evaluations of program outcomes, including a comparison of results against initial goals.

Data Source*

What information are you going to collect or use to demonstrate you have accomplished your goals?

Our data source is located on intake protocol and case managers treatment plans. This data is compiled mostly in a database called HMIS that we are mandated to use through the state continuum of care. We can pull segments of this data to report back to whom it concerns at any time.

Awareness*

How do you plan to create awareness of this program? Briefly describe what action the program plans to take to create awareness in the community.

Samaritan House is a well supported and foundational member of the Flathead County community and beyond. As a non profit we have been in operations for over 25 years. We will use our newsletters, social media, and other press related resources to spread the news of this wonderful program addition.

Additional Documents

Tax Exempt Organization*

By clicking this box you are confirming the applying organization is a tax exempt organization.

Yes

Tax Exempt Determination Letter*

Please upload a copy of the Organization 501(C)(3) Tax Exempt Determination Letter.

IRS LETTER.pdf

Use this section to upload or explain any additional information regarding the program/organization. ie. a detailed budget projection, program/organization history, etc.

Upload #1

Upload #2

Upload #3

Additional Information

File Attachment Summary

Applicant File Uploads

- Three Year Budget Allocation for Opioid Prevention Program.docx
- IRS LETTER.pdf

Year 1

- Case Manager Salary (32 hours/week, \$21/hour): \$35,008
- Training for Case Manager: \$5,000
- Supplies for Clients (e.g., hygiene kits, naloxone): \$4,000
- Transportation Assistance (e.g., bus passes, gas cards): \$3,000
- Housing Support (e.g., rental subsidies): \$15,000
- General Shelter Expenses (utilities, maintenance, equipment): \$10,000
- Program Evaluation and Reporting: \$2,000

Year 1 Total: \$74,008

Year 2

- Case Manager Salary (32 hours/week, \$21/hour): \$35,008
- Training for Case Manager: \$2,500
- Supplies for Clients (e.g., hygiene kits, naloxone): \$4,000
- Transportation Assistance (e.g., bus passes, gas cards): \$3,000
- Housing Support (e.g., rental subsidies): \$16,000
- General Shelter Expenses (utilities, maintenance, equipment): \$10,500
- Program Evaluation and Reporting: \$2,000

Year 2 Total: \$73,008

Year 3

- Case Manager Salary (32 hours/week, \$21/hour): \$35,008
- Training for Case Manager: \$2,500
- Supplies for Clients (e.g., hygiene kits, naloxone): \$4,500
- Transportation Assistance (e.g., bus passes, gas cards): \$3,500
- Housing Support (e.g., rental subsidies): \$17,000
- General Shelter Expenses (utilities, maintenance, equipment): \$11,000
- Program Evaluation and Reporting: \$2,000

Year 3 Total: \$75,508

Grand Total for 3 Years: \$222,524

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
1100 COMMERCE STREET
DALLAS, TX 75242

DEPARTMENT OF THE TREASURY

Date: **AUG 22 1996**

Employer Identification Number:
81-0466186
Case Number:
366124101
Contact Person:
MS. L. DANIELS
Contact Telephone Number:
(312) 886-6532
Our Letter Dated:
January 8, 1992
Addendum Applies:
No

SAMARITAN HOUSE INC
P O BOX 592
KALISPELL, MT 59901

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



Bobby E. Scott
District Director

Letter 1050 (DO/CG)